



January 2003

# Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

*Once again it is my privilege, on behalf of the Arizona State Board of Pharmacy members and staff, to wish our readers a very Happy New Year . . . filled with good health, good times, and prosperity!*

*L. A. Lloyd, RPh, Editor*

## 2003 Board Meeting Information

(Unless otherwise stated, meetings begin at 9 AM)

- ◆ January 15-16 at the Glendale Library, 59<sup>th</sup> Ave and Brown
- ◆ March 12-13 at the Board of Pharmacy office
- ◆ April 23-24 at the Board of Pharmacy office
- ◆ June 19 at the Sheraton El Conquistador Resort-Tucson (a one-day meeting)
- ◆ August 27-28 at the Prescott (location to be announced)
- ◆ November 5-6 at the Board of Pharmacy office

**All Board Meetings are open to the public.**

## The Arizona State Board of Pharmacy Honors the Following Individuals for 50 Years of Licensure as a Pharmacist in Arizona:

Duane Carter .....	June 17, 1951
Jerry Davidson .....	June 17, 1951
Urban Dunst .....	June 7, 1952
Myron Ginsburg .....	June 7, 1952
Daniel Jacob .....	June 7, 1952
Luis Mendoza .....	June 7, 1952
James Ostel .....	June 7, 1952
Carlos Pulido .....	January 27, 1952
Martin Reich .....	June 17, 1951
Evelyn Timmons .....	October 4, 1951
William Voshel .....	June 9, 1951
Wayne Willer .....	October 4, 1951

## Odds and Ends

We have all heard it said: "The more things change, the more they stay the same." Change is everywhere in our society and the pharmacy profession is not exempt. Consider how recently computers came to the pharmacy. Faxed prescriptions, drive-thru service, Health Insurance Portability and Accountability Act, electronic claims processing, electronic prescribing, Internet prescribing, and FedEx prescriptions are a few other recent changes. What has not changed is the need for every pharmacist to interact with his or her patient(s) to achieve optimum outcomes from his or her medications. Another item that has not changed, at least in recent memory, is the trend of having a pharmacist shortage. Together, these truisms point to the importance of keeping current with the astonish-

ing advances in medicine and health care. As a result, pharmacists need to carefully choose and attentively pursue quality continuing education (CE) to maintain the all-important ability to provide the best possible pharmaceutical care **one patient at a time**. In Arizona, we are blessed with exceptional CE offerings available from such in-state providers as the Arizona Pharmacy Association, the Arizona Society of Hospital Pharmacists, the University of Arizona College of Pharmacy, and Midwestern University-Glendale College of Pharmacy. We all know how important being current in our profession is, and most of us also know the value of quality CE. How about a New Year's resolution to thoughtfully consider an area that you personally want to improve upon and seek out the CE that will assist you the most.

One clarification: For those who believe that "pharmacy law" CE is required to be only Arizona pharmacy law, here is some good news. The Board accepts **any** ACPE CE program having an approved program number ending in "03."

## Important Compliance Issue for Arizona Pharmacies

The Arizona Department of Public Safety – DPS (state police) has asked the Board of Pharmacy to assist in notifying retailers of their responsibility to report **both illegal and suspicious** sales of precursor chemicals. The Board of Pharmacy and the DPS will be focusing on compliance with this state statute. To view the actual statute addressing vendor responsibilities and definitions of terminology relating to precursor chemical sales, visit the Web site at [www.az.leg.state.az.us/ars/13/03404.01.htm](http://www.az.leg.state.az.us/ars/13/03404.01.htm), or contact your Board of Pharmacy compliance officer. It is important that retailers follow the statute when selling precursor chemicals.

## Congratulations

Congratulations to Jean Lee of Peoria and Michael J. Zoucha of Glendale. Both have recently been accredited as Certified Geriatric Pharmacists (CGP).

## A Practice Improvement Reminder

During a recent Board of Pharmacy meeting, several pharmacist conferences resulting from patient complaints were held. The complaints included the usual "inconsiderate treatment by pharmacy staff" to the more concerning complaint of a directions for use error for a pediatric patient. Even more disturbing, there were **three** dispensing-related errors involving pediatric patients. In listening to the pharmacists' recollections of these errors and those from previous meetings, a retrospective review reveals a commonality involving two pharmacists. First (which is really two items in one), either they (the RPhs) remember being very busy and under-

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staffed at the time or the verifying pharmacist failed to recognize the error; and, second, when a labeling error (wrong directions) was cited in the complaint. The Board is frequently told, "The computer did not warn of the error." The question that then comes to mind is, whose name is on the license hanging on the wall – the computer's or the person's? This also begs the question, when technicians are involved in preparing a prescription for dispensing, are they able (and encouraged) to bypass/override an alert message and not "bother" the pharmacist? Food for thought!

### Administrative Rules/Statutes

As of November 9, 2002, the "Drug Therapy Management," also known as "collaborative practice," administrative rules are effective. These rules may be viewed on the Board of Pharmacy Web site by clicking on "ASBP Rules & Statutes," then clicking on "Administrative Code" and scrolling down to R4-23-421. As expected, the rules are quite "prescriptive" as to who has what authority pursuant to written and approved agreements and responsibilities impacting the pharmacist and the responsible medical practitioner. Currently, the venues for such practice agreements are limited to: "staff model HMOs," a "community health center," an "acute care hospital," or a "nursing care institution." This legislation provides expanded pharmacy practice opportunities for Arizona pharmacists. The staff at the Board of Pharmacy stands ready to assist interested pharmacists, so do not hesitate to contact your compliance officer or the deputy director for details.

The Board has submitted requests for statute changes to be considered in the 2003 legislative session including: controlled substance scheduling changes and enabling statutes paving the way for an electronic controlled substance monitoring program pending future funding. Also in the practice act: licensure of pharmacy technicians, a provision that will serve both the public and the profession by improving the training and proficiency of pharmacy technicians and providing for accountability of the technician to the Board of Pharmacy; pharmacy patient records/privacy/retention requirements, and miscellaneous definition modifications; and increasing the maximum allowable fee for pharmacist license renewal from \$150 to \$250. Before you reach for the telephone, read on . . . this is not a fee increase but a request to raise the maximum allowable amount the Board may charge for pharmacist license renewal. Likewise, there is also a request to increase the maximum allowable amount for a pharmacy permit from the present \$400 to \$500 per biennium. The Board will also request to drop the requirement for a two-signature line prescription format and, instead, allow practitioners to indicate "DAW," "Do Not Substi-

tute," or "Brand Medically Necessary" to prevent generic drug interchange when a prescription is written for a brand-name drug.

### Disciplinary/Reinstatement Actions Board of Pharmacy

**Jon S. Bach, RPh, #9345** – Board agreed to terminate probation on license effective November 6, 2002.

**Mark Heisler, RPh, #9834** – Board agreed to terminate the suspension of Mr Heisler's license, to place him on probation, and require continuation of his PAPA contract.

**Kevin Strychalski, RPh, #9893** – license suspended until January 2003 meeting of the Board; five-year PAPA contract, not serve as PIC or preceptor upon reinstatement.

**Kristine Wells, RPh, #11976** – license is voluntarily surrendered pending Board action.

### Erratum and Update

The October 2002 *Newsletter* incorrectly stated that the license issued to Deborah Grabowski, RPh #10746, was suspended until January 2003. In fact, the license was suspended only until the requirements of the Board Order were satisfied; those requirements were met and the suspension on Ms Grabowski's license was terminated effective November 5, 2002. At that time Ms Grabowski's license was placed on Probation for five years, during which time she is not to serve as PIC or preceptor. The editor apologizes for any confusion this may have caused.

### Board of Medical Examiners

**Glenn E. Miller, MD #22227** – voluntary surrender of license October 2, 2002, for at least five years.

**Notice** – Before making a prescription-dispensing decision pursuant to information reported in this issue, you are advised to verify the current status of a license with the appropriate licensing agency.

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